

EXHIBIT G
CLAIM FORM

CLAIM FORM		
<p><i>Must be received Online or postmarked If mailed no later than [Month] [Day], [Year]</i></p>	<p>Honest Consumer Litigation Settlement c/o SETTLEMENT ADMIN P.O. Box XXXX CITY, STATE XXXXX-XXXX Toll-Free: 1-XXX-XXX-XXXX Website: www.xxxxxxxxxxxxxxxxxxxxxxxx.com</p>	<p>All Sections of the Claim Form must be completed.</p>

You can also file a claim online at: www.xxxxxxxxxxxxxxxxxxxxxx.com.

Section I - Class Member Information

Claimant Identification Number (If Applicable):

[illegible]

Claimant Name:

[illegible]**Street Address:**[illegible]

City:

[illegible]

State:

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Zip Code:

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Email (option for paper submission if not claiming Honest.com purchases):

[illegible]**Preferred Phone Number:**

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Your contact information will be used by the claims administrator to contact you, if necessary, about your claim. Provision of your phone number is optional. By providing contact information, you agree that the claims administrator may contact you about your claim. Your contact information will not be used for any purpose unrelated to this settlement.

Section II – Covered Products Included in this Settlement

The products are: 4-in-1 Laundry Packs, 3-in-1 Facial Towelettes, Air + Fabric Freshener, Auto Dishwasher Gel, Bar Soap, Bathroom Cleaner, Bathroom Cleaner Concentrate, Bathtime Gift Set, Bubble Bath, Conditioner, Conditioning Detangler, Deodorant, Diapers, Discovery Set, Dish Soap, Dishwasher Packs, Dryer Cloths, Essentials Gift Bundle, Essentials Bundles, Face + Body Lotion, Floor Cleaner, Floor Cleaner Concentrate, Foaming Hand Soap, Fruit + Veggie Wash, Glass + Window Cleaner, Glass + Window Cleaner Concentrate, Hand Sanitizer Gel, Hand Sanitizer Spray, Hand Soap, Housewarming Gift Set, Kids' Toothpaste, Laundry Detergent, Mouthwash, Multi-Surface Cleaner, Multi-Surface Cleaner Concentrate, Nesting Gift Set, Oxy Boost, Rinse Aid, Shampoo + Body Wash, Soothing Bottom Wash, Stain Remover, Stain Remover Concentrate, SPF 30 Sunscreen, Toilet Cleaner, Toothpaste, Wet Mopping Pads, Wipes, and Wipes – Travel Packs purchased during the Class Period of January 17, 2012 to [Month] [Day], [Year].

Section III – Purchase and Product Information

A Settlement Class Member is eligible to obtain \$2.50 for each purchase of a Covered Product for up to 10 Products purchased during the Class Period (up to \$25 per person) without proof of purchase, and unlimited Products purchased during the Class Period with proof of purchase. However, the actual amount paid to individual claimants will depend upon the number of valid claims made. *** If you are claiming you purchased over 10 Products, please attach receipts or proof of purchase (for the purchases in excess of 10) from a third-party or scan and attach.*

[This explanation is for the Court's convenience and to assist the Claims Administrator in coding the Claim Form. The language in the brackets will be removed in the Claim Form on the Settlement Website. This section should only be on the electronic claim forms for persons who provide a Class Member Identification Number. If the person clicks "no" to the question about wanting to dispute the amount verified, then the remainder of the section is not shown.]

- Verified Amount: _____
- Do you contend this amount is too low? ☐ Yes ☐ No
- If "yes" please provide the basis for your contention and provide any receipts or evidence in support of your contention when requested. _____

INFORMATION TO MAKE A CLAIM FOR PURCHASES OTHER THAN AT HONEST.COM

[This explanation is for the Court's convenience and to assist the Claims Administrator in coding the Claim Form. The language in the brackets will be removed in the Claim Form on the Settlement Website. There should be one row for each Honest Product at issue in this Settlement, and the name of that Product should be identified in the cells in the "Honest Product" column.]

I declare that I believe that, between January 17, 2012 and [Month] [Day], [Year]:

1. I made a purchase of an Honest Company product at a retail location or website other than Honest.com.
2. The purchases mentioned in #1 were of the following items, in the following quantities, at the following retail locations:

Honest Product	Number of Product(s) Purchased	Amount Paid for Product (With Receipt Proof)	Amount Paid for Product (With Receipt Proof)	Identify Location (i.e. Store, City and State) and Approximate Date of Purchase

3. I did not receive a refund of the purchase price of any of the items mentioned in #2.

INFORMATION TO MAKE A CLAIM FOR PURCHASES AT HONEST.COM

[This explanation is for the Court's convenience and to assist the Claims Administrator in coding the Claim Form. The language in the brackets will be removed in the Claim Form on the Settlement Website. This Section should only be provided for persons who do not have a Class Member Identification Number. If the person clicks "no" to the question about wanting to claim Honest.com purchases, then the remainder of the section is not shown.]

Do you have purchases from Honest.com you wish to claim? ☐ Yes ☐ No

If yes, provide your email address associated with Honest.com Account: _____

If yes, complete the following:

I declare that I believe that, between January 17, 2012 and [Month] [Day], [Year]:

1. I made a purchase of an Honest Company product at Honest.com.
2. The purchases mentioned in #1 were of the following items, in the following quantities:

[This explanation is for the Court's convenience and to assist the Claims Administrator in coding the Claim Form. The language in the brackets will be removed in the Claim Form on the Settlement Website. There should be one row for each Honest Product at issue in this Settlement, and the name of that Product should be identified in the cells in the "Honest Product" column.]

Honest Product	Number of Product(s) Purchased	Amount Paid for Product (With Receipt Proof)	Amount Paid for Product (With Receipt Proof)

3. I did not receive a refund of the purchase price of any of the items mentioned in #2.

RECEIPTS

[This explanation is for the Court's convenience and to assist the Claims Administrator in coding the Claim Form. The language in the brackets will be removed in the Claim Form on the Settlement Website. For each item that the Claimant indicated that he/she had a receipt, a window should be displayed allowing the Claimant to upload a picture of the receipt.]

Please upload in the relevant spaces below, pictures of the receipts that you indicated you possessed. If you would prefer to mail them to the Claims Administrator you may do so at: [Address], [City] [State], [Zip]. Please be aware that if you elect the mail option, you must (a) include your name, email address, and postal address with the copies, and (b) postmark the envelope by [Month] [Day], [Year].

Section IV – Selection of Cash or Credit

Payment may be by check or in the form of a Settlement Credit usable at Honest.com. The terms and conditions of the Settlement Credit can be found in Paragraph 1.35 of the Settlement Agreement, which is available at [www.\[xxxx\].com](http://www.[xxxx].com).

☐ Check.

☐ Settlement Credit.

If you select Settlement Credit, you must provide your email address associated with Honest.com Account: _____

Section IV – Required Affirmation

I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I agree to release all the claims, known and unknown, stated in Section 2.5 of the Settlement Agreement. I submit to the jurisdiction of the United States District Court, Southern District of New York with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the full notice and Settlement Agreement at [www.\[xxxx\].com](http://www.[xxxx].com) or by writing the Claims Administrator at the email address [\[xxxx\]@\[xxxx\].com](mailto:[xxxx]@[xxxx].com) or the postal address [Address] [City], [State] [Zip Code]. I agree to furnish additional information to support this claim if required to do so.

IF SUBMITTED ELECTRONICALLY:

☐ I agree that, by submitting this Claim Form, I declare under the penalty of perjury of the laws of the United States of America that the information in this Claim Form is true and correct to the best of my knowledge, and that I purchased the Honest Product(s) claimed above during the Class Period, without returning it. I understand that my Claim Form may be subject to audit, verification, and Court review. Checking this box constitutes my electronic signature on the date of its submission.

IF SUBMITTED BY U.S. MAIL:

I agree that, by submitting this Claim Form, I declare under the penalty of perjury of the laws of the United States of America that the information in this Claim Form is true and correct to the best of my knowledge, and that I purchased the Honest Product(s) claimed above during the Class Period, without returning it. I understand that my Claim Form may be subject to audit, verification, and Court review.

Dated: _____

Signature: _____

CLAIMS ADMINISTRATOR ADDRESS (where to send the completed form if submitting by mail):
Honest Marketing Litigation Settlement, c/o _____, [Address], [City] [State], [Zip Code].